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PART 1. OVERVIEW INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Agency Name: Federal Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title: Non-Competitive 12-month Cost Extension Supplement for CDC-RFA-HM08-8050301SUPP10: Affordable Care Act (ACA): Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance

Announcement Type: Non-Competitive 12-month Cost Extension Supplement

Agency Funding Opportunity Number: CDC-RFA-HM08-8050401PPHF11

Catalog of Federal Domestic Assistance Number: 93.524

Key Dates:

Letter of Intent Deadline Date: Not Applicable

Application Deadline Date: April 19, 2011, 5:00pm Eastern Standard Time.

PART 2. FULL TEXT

I. FUNDING OPPORTUNITY DESCRIPTION

Statutory Authority

This project is authorized under sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended. Funding is appropriated under the Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund) for expanded and sustained national investment in prevention and public health

programs.   This landmark legislation established a Prevention and Public Health Fund

(Title IV, Section 4002) to provide for expanded and sustained national investment in

prevention and public health programs to improve health, enhance health care quality,

and restrain the rate of growth in private and public sector health care costs. The new

legislation escalates the need for improving public health as a priority by investing in

public health services improvements, establishment of meaningful and measureable

health indicators, and achievement of significant health outcomes.

Purpose

This project is an expansion of CDC-RFA-HM08-805: Strengthen and Improve the

Nation's Public Health Capacity through National, Non-Profit, Professional Public

Health Organizations to Increase Health Protection and Health Equity**.**

The overall goal of this expansion is to support the provision of capacity building

assistance (CBA) to state, tribal, local and territorial (STLT) health departments that

ensures performance improvement and successful adoption of best or promising practices

to address key areas of public health infrastructure investments. These investments are in

accordance with Health Care Reform legislation, Affordable Care Act (PL 111-148).

CBA refers to a set of methods for translating, packaging, and disseminating information

and new technologies, and imparting knowledge and skills. CBA can be provided through

information synthesis, and dissemination; and through technology transfer, technical

assistance, and training. CBA can also be provided using other formats such as seminars

and workshops, computer assisted training, long distance learning and other e-learning strategies such as Podcasting, in-person or telephonic expert consultation, peer-to-peer mentoring and group training.

This expansion will help STLT health departments by making available CBA that will improve public health infrastructure investment planning, coordination, implementation, evaluation, and dissemination of best or promising practices. The expansion supports STLT health departments in their efforts to ensure improvements in the public health infrastructure so that they are prepared for responding to both acute and chronic threats relating to the Nation's health such as emerging infections, disparities in health status, and increases in chronic disease and injury rates. These improvements focus on core public health infrastructure areas that include: 1) Performance Management, 2) Workforce Development, 3) Policy Development, and 4) Public Health System Development and Re-development.

Program Implementation

Recipient Activities for PARTS I, II, and III:
The 12-month cost extension has three PARTS which requires separate applications by grantees currently funded under CDC-RFA-HM08-8050301SUPP10:

- Part I: Capacity Building Assistance to Improve Public Health Infrastructure Investments

- Part II: Capacity Building Assistance to Strengthen Workforce Development and Training

- Part III: Capacity Building Assistance to Improve Adoption and Use of Evidence-Based Preventive Services

PART I - Capacity Building Assistance to Improve Public Health Infrastructure Investments

The **purpose** of Part I is to identify, synthesize, package, and disseminate best or promising practices for adaptation in the field. Part I also seeks to provide CBA to STLT public health agencies/departments for implementing and evaluating best or promising practices that increase the effectiveness and efficiency of public health infrastructure investments that demonstrate greater reach and potential impact of limited resources and improved efficiency building on health reform efforts/projects.

The overall **performance goal** is to accelerate public health system redesign for effectiveness and efficiency by assisting STLT public health agencies/departments with adaptation, implementation and evaluation of best or promising practices in performance management, cross-jurisdictional cooperation, leadership development, public health system redevelopment, and evaluation or workforce development. The overall **measure of effectiveness** is having best or promising practices strategically and expeditiously implemented and evaluated by the public health agencies/departments.

Activity 1 - Provide CBA to public health agencies/departments for identifying, synthesizing, aggregating, disseminating, adapting, implementing and evaluating best or promising practices that increase the effectiveness and efficiency related to performance management, e-public health, cross-jurisdictional cooperation, leadership development, and public health system redevelopment. Examples include but are not limited to:

    a. Undertake systematic assessments to identify current best or promising practices in performance management, e-public health, cross-jurisdictional cooperation, leadership development, and public health system redevelopment;

    b. Synthesize best or promising practices to identify core elements for efficacy and adaptation;

    c. Aggregate the best or promising practices, including development of guidance, training curricula, promotional materials and other helpful learning tools and materials;

    d. Promote and disseminate the best or promising practices to STLT health departments;

    e. Provide technical consultation, information and training on adaptation/adoption of best or promising practices in performance management, e-public health, cross-jurisdictional cooperation, leadership development, and/or public health system redevelopment. This includes assisting STLT public health departments in understanding, adjusting and implementing best or promising practices that will improve their public health jurisdictions' unique infrastructure, business processes,

organizational efficiency, resource-sharing between STLTs, and public

health/healthcare system linkages (e.g., Medicaid health plan linkages

with prevention services);

f. Provide technical consultation, information and training on evaluation

methods and strategies for best or promising practices on performance

management, e-public health, cross-jurisdictional cooperation, leadership

development, and public health system redevelopment;

g. Provide technical consultation and information on health reform and

public health policy to improve public health and healthcare system

linkages;

h. Develop and/or identify cutting-edge training tools (e.g., Weblogs, Wikis,

Podcasting, on-line training portals, toolkits via DVD, etc.) to provide

periodic refresher tutorials and demonstrations to improve adoption of

these best and promising practices;

i. Convene cross-jurisdictional state, local, regional or national training

events, facilitate mentoring opportunities, and create peer exchange

networks to educate and facilitate adoption of best or promising practices;

Convene and collaborate with other public health partners to ensure timely

and impactful implementation of best or promising practices among and

between STLT public health agencies;

j. Evaluate the effectiveness of training, technical consultation, and

implementation of best or promising practices to determine impact; and

k. Provide consultation services to state legislators related to the effectiveness and efficiency related to performance management, e-public health, cross-jurisdictional cooperation, leadership development, and public health system redevelopment.

Activity 2 – Assess, develop, implement and evaluate best or promising practices in public health workforce development that will increase the effectiveness and efficiency of public health infrastructure investments in performance management, business processes that improve service delivery, public health policy, public health apprentice or pipeline programs, leadership, and public health - healthcare system linkages. Examples include but are not limited to:

a. Conduct a training needs assessment for key professional and/or technical groups within the public health system including STLT public health agencies/departments;

b. Collaboratively develop a human capital plan for the greater public health system (based on the assessment described in activity a) with emphasis on:

    a. Recruitment needs, including pipeline programs;

    b. Specific training needs of each segment of STLT workforce and federal field staff; and

    c. Goals and objectives to address gaps in recruitment and training;

c. Assist CDC in developing competencies for federal field staff assigned in STLT public health agencies/departments;

d. Develop a cross walk of healthcare and public health competencies needed for monitoring and improving population health;

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e. Contribute to a searchable database of resources and best practices for the workforce; and

f. Actively participate in and contribute to communities of practice related to public health performance management and workforce issues.

Activity 3 - Effectively evaluate and improve individual and collective grantee performance in order to achieve stated goals and objectives submitted under components I and II of the "Strengthening Public Health Infrastructure for Improved Health Outcomes" funding opportunity announcement. The evaluation activity will employ a comprehensive evaluation and quality improvement process to address the following key areas:

a. Implementation of grantee award;

b. Effectiveness of strategies, programs, and policies directed to stated goals and objectives across all grantee activities;

c. Effectiveness of grantee resource allocation;

d. Adoption by grantees of best/promising practices to improve system efficiency;

e. Increasing the capacity of the public health workforce

f. Effective application of quality improvement models by grantees to maximize program effects;

g. Measurement of grantee success in meeting stated goals and objectives; and

h. Effective dissemination of best/promising practices across similar sectors and jurisdictions.

Successful evaluation will require a comprehensive understanding of the entire public health system, both governmental and community-based, as well as knowledge of the regional contextual factors affecting public health performance in individualized settings. Additionally, evaluation design will be based upon having considerable knowledge of health reform and its broad implications affecting clinical health care, public health, and areas of intersection. The evaluation design will exhibit direct expertise and experience in public health policy, workforce development, evidence-based practice, public health infrastructure, public health systems, and performance management (including tools and techniques used for quality improvement and capacity building, e.g. NPHPSP, Accreditation).

Part II – Capacity Building Assistance to Strengthen Workforce Development and Epidemiology Training

Strengthening the multidisciplinary public health workforce is a high priority at the federal, state, and local levels. Public health workers face heightened demands in a rapidly changing and increasingly complex environment. Simultaneously, the priority on health reform has increased the need to facilitate integration of the public health and healthcare systems, which means that healthcare workers in clinical settings need to better understand concepts of public health and public health workers need to be able to work across systems to improve population health. CDC's mission is to promote the

health of the public by ensuring that the workforce has the knowledge and skills they need to protect the health of communities.

The overall **performance goal** is to ensure that the workforce in STLT public health departments has the knowledge and skills to protect the health of communities they serve, by providing them with: a) specialized scientific training such as1) competency-based applied epidemiology training, and 2) access to high-quality e-learning and other learning resources.

The two key **measures of effectiveness** include: 1) at least 5 new applied epidemiology fellows are selected and placed in STLT public health agencies where they will provide direct epidemiologic service and support during their fellowship tenure; and 2) a comprehensive e-learning management system that includes a central, coordinated, and organized robust clearinghouse of on-site and e-learning modules or resources from a large community of agencies that is in place and readily available to public health workers in STLT jurisdictions.

Activity 4 - Applied Epidemiology Fellowship Program. Strengthening the public health workforce to perform critical functions related to epidemiology is a high priority at the federal, state, and local levels. Serious public health workforce shortages exist at the same time that public health faces heightened demands in a rapidly changing and increasingly complex environment. States and communities nationwide report the need

for more epidemiologists. An aging workforce means the most senior and influential leaders are nearing retirement and the pipeline of new staff hired into public health is in short supply. Increasing the number of skilled epidemiologists is a high priority to protect the public's health, as epidemiology is the scientific cornerstone of public health practice. Applicants for Part II are expected to:

    a. Propose a project that increases the number of fellows by at least 5 to be trained in the applied epidemiology fellowship; and

    b. Describe how the additional 5 or more fellows will provide direct epidemiologic service and support to STLT health departments during their fellowship training tenure.

Activity 5 - E-learning Resources. Utilize and expand upon existing e-learning technology and services already supported with CDC funding to provide high-quality learning resources, and make them readily available to the STLT public health workforce. Examples include but are not limited to::

    a. Propose a project that enhances the use of a comprehensive e-learning management system for public health. Such a comprehensive system includes a robust clearinghouse of on-site and e-learning modules or opportunities from a large community of agencies for public health workers in STLT jurisdictions. E-learning is a critical tool that emphasizes the use of technology for learning so that resources are available on demand, anytime and anywhere;

b. Participate in becoming a formal affiliate and provide technical assistance to establish a comprehensive e-learning management system to include a CDC learning curriculum portal that is central, coordinated, and organized as a component of an existing, comprehensive e-learning management system; and

c. Participate in an assessment, collaborate with national partners, and provide technical assistance to maximize existing content resources and identify critical gaps in competencies.

PART III – Capacity Building Assistance to Improve Adoption and Use of Evidence-Based   Preventive Services

The **purpose** of Part III is to expand adoption and use of evidence-based approaches and *The Guide to Community Preventive Services (The Community Guide)* (www.thecommunityguide.org) among STLT health departments and their partners by building capacity in locating, assessing, selecting, adopting, and implementing evidence-based preventive services that fit constituents' needs and constraints. This Activity is intended to support the 'Research and Tracking Initiative', which has been identified as one of four critical priorities for HHS as part of the implementation of the Affordable Care Act. The Research and Tracking Initiative supports the expansion of coverage for community and clinical preventive services by increasing resources for guidance and evaluation of preventive services.

The overall **performance goal** is to demonstrate measurable progress in the adoption and utilization of recommendations outlined in *The Community Guide* by STLT health departments and their multi-sector public health stakeholders.

The overall **measures of effectiveness** are: 1) the development and maintenance of adequate capacity to provide ongoing technical assistance and/or training on use of evidence-based approaches and the Community Guide to a significant number of STLT health departments; 2) the incorporation of Community Guide recommendations into competency-based capacity, accreditation, and performance standards for health departments and their multi-sector public health stakeholders; and 3) the production of communication products about the Community Guide and its findings and recommendations that are judged by STLT health department decision makers and their partners to be accessible, understandable, consistent with their preferences for how to receive information, and relevant to their needs.

Applicants for Part III will be expected to champion informed decision making around the adoption and utilization of evidence-based interventions identified in *The Community Guide* ultimately leading to improvements in addressing the leading causes of death and supporting the forthcoming *National Prevention and Health Promotion Strategy.*

Activity 6 - Provide technical assistance to STLT government health agency decision-makers, practitioners, and their partners in how to use evidence-based approaches, in

general, and the findings and recommendations of *The Community Guide* in addressing their public health goals. Examples include but are not limited to:

a. Establish capacity to provide ongoing effective, timely, and tailored technical assistance to STLT health agency decision makers, practitioners, and their partners around how to use evidence-based approaches (including evidence-informed decision making), and how to locate, access, select, and implement *Community Guide* findings and recommendations;

b. Assist recipients in integrating *Community Guide* findings and recommendations with health status indicator profiles—including MATCH, America's Health Rankings, and the Community Health Status Indicator Profile—and with other surveillance data;

c. Help applicants for programmatic funding understand how use of evidence-based approaches and specific *Community Guide* findings and recommendations can strengthen their funding proposals;

d. Assist recipients of technical assistance in evaluating: 1) the process and extent to which selected *Community Guide* finding(s) and recommendation(s) are implemented, and 2) the resulting public health impact;

e. Monitor over time the awareness and use of evidence-based approaches (including evidence-informed decision making) and of *The Community Guide* among those receiving technical assistance; and

f. Develop consistency in technical support messages and approaches across national, state, and local levels, where appropriate, to support economies

of scale and achievement of public health impact that requires action at two or more of national, state, and local levels.

Activity 7 - Develop and undertake targeted and (where appropriate) tailored education and training for STLT health department staff and their partners on the value, adoption, and use of evidence-based approaches, in general, and *The Community Guide* specifically. Training formats may include, but are not limited to, in-person seminars or courses, continuing education, online webinars, train-the-trainer workshops, action guides, etc.

Examples include but are not limited to:

    a. Develop and implement training formats, materials, and resources that are practical for use repeatedly or on an ongoing basis with incoming health agency leadership, staff, and partners;

    b. Differentiate between training goals that can be met through cross sector approaches, and training goals that require approaches targeted to the needs of specific user audiences; and

    c. Where necessary, develop all materials and fulfill all requirements for trainees to receive formal continuing education credits.

Activity 8 - Incorporate assessment of the use of evidence-based approaches, in general, and *The Community Guide*, in particular, into competency development, capacity measurement, and accreditation standards — including the National Public Health Performance Standards Program (NPHPSP), Core Competencies for Public Health

Professionals, and Public Health Accreditation Board. In addition, incorporate *Community Guide* evidence-based findings and recommendations into the development of Model Programs.

Examples include but are not limited to:

      a. Assess the value of including in the NPHPS, Core Competencies for Public Health Professionals, and Public Health Accreditation measurement of the ability to use evidence-based approaches, in general, and *The Community Guide*, in particular, to meet health impact goals;

      b. Where value is established, operationalize how to incorporate adoption and use of evidence-based approaches into existing initiatives and approaches; and

      c. Develop Model Programs that include one or more interventions identified by *The Community Guide* as effective in meeting health goals for a range of current high priority public health topics.

Activity 9 - Develop, produce, and disseminate targeted communication products for various users that promote awareness, adoption, and use of findings and recommendations outlined in *The Community Guide*. Potential users may be STLT health department staff and their partners including state and local education agency staff, legislators, lawyers, health care and public health professionals, community health coalitions, health care systems, non-governmental organizations, businesses, faith-based organizations, and other traditional and non-traditional partners.

Examples include but are not limited to:

a. Establish effective formats for, and develop policy briefs on, specific *Community Guide* findings and recommendations that meet the preferences and needs of different target audiences;

b. Collect and develop *Community Guide* success stories and implementation stories (case studies) from individuals, agencies, and partnerships that can be used in print, electronic, and verbal formats and that highlight: 1) the public health impact (success) resulting from adoption of *Community Guide* recommendations and findings, and/or 2) how the individuals, agencies, or partners went about selecting and implementing *Community Guide* findings and recommendations;

c. Develop and undertake marketing strategies to increase awareness and use of *The Community Guide* among key target audiences; and

d. Develop new print formats and materials about Task Force findings and recommendations that are targeted to the needs and preferences of key *Community Guide* audiences that can be easily updated and used to replace the outdated, expensive to produce/purchase, and non-tailored *Community Guide* book, published in 2005.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities

In a cooperative agreement, CDC staff is expected to be substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Collaborate to ensure coordination and implementation of strategies to assist STLT health departments, boards of health, and other public health entities and, where appropriate, community action groups and private sector organizations.

2. Assess the quality, effectiveness and satisfaction of training and technical assistance requests.

3. Provide guidance and coordination to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.

4. Support ongoing opportunities (e.g., net conferences, meetings) to foster networking, communication, coordination, and collaboration, and serve as a conduit for information exchange, including fostering collaboration between groups that would not normally interact

5. Collaborate with CDC to improve technical and program guidance, and evaluation of preventive services to expand coverage for community and clinical preventive services.

6. Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the project period.

7. Collaborate, as appropriate, in assessing progress toward meeting strategic and operational goals and objectives and in establishing measurement and accountability systems for documenting outcomes such as increased performance improvements and best or promising practices.

8. Collaborate, as appropriate, in the development and maintenance of information and communication networks, and provide methods for integrating the networks and measuring their effectiveness.

9. Collaborate to determine the optimal combination of resources needed to establish a coordinated online system so learners across public health can locate e-learning specific to their needs. Learners would rely on this system (i.e., the registry) to search across multiple collections of trusted learning content (i.e., repositories).

II. AWARD INFORMATION

Type of Award: Cooperative Agreement. CDC substantial involvement in this program appears in the Activities Section above.

Award Mechanism: U58

Fiscal Year Funds: 2011

PART I

Approximate Number of Awards: 5

Approximate Average Award: $524,400

Floor of Individual Award Range: N/A

Ceiling of Individual Award Range: N/A

PART II

Approximate Number of Awards: 3

> **Activity 4 (Approximately 1 award) -** Applied Epi Fellowship Program
>
> **Floor of Individual Award Range:** $670,000
>
> **Ceiling of Individual Award Range:** $1,370,000
>
> **Activity 5 (Approximately 2 awards)** – E-Learning Resources
>
> **Approximate Average Award:** $125,000
>
> **Floor of Individual Award Range:** $75,000
>
> **Ceiling of Individual Award Range:** $175,000

PART III

Approximate Number of Awards: 6

Approximate Average Award: $350,000

Floor of Individual Award Range: $70,000

Ceiling of Individual Award Range: $600,000

Anticipated Award Date: June 1, 2011

Budget Period Length: Approximately 12 months (June 1, 2011 – May 31, 2012)

Project Period Length: Approximately 12 months (June 1, 2011 – May 31, 2012)

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government.

III. ELIGIBILITY INFORMATION

Eligible Applicants

Eligible applicants for Parts I, II, and III under the Non-Competitive 12-month Cost-Extension Supplement are limited the following grantees funded under CDC-RFA-HM08-8030301SUPP10:

PART I

1. American Public Health Association (APHA)

2. Association of State and Territorial Health Officials (ASTHO)

3. National Association of County and City Health Officials (NACCHO)

4. National Network of Public Health Institutes (NNPHI)

5. Public Health Foundation (PHF)

PART II

1. Association of State and Territorial Health Officials (ASTHO)

2. Council of State and Territorial Epidemiologists (CSTE)

3. Public Health Foundation (PHF)

PART III

1. Association of Maternal and Child Health Programs (AMCHP)

2. Association of State and Territorial Health Officials (ASTHO)

3. National Association of County and City Health Officials (NACCHO)

4. National Association of Local Boards of Health (NALBOH)

5. National Network of Public Health Institutes (NNPHI)

6. Public Health Foundation (PHF)

Required Registrations

Registering your organization through www.Grants.gov, the official agency-wide E-grant

website, is the first step in submitting an application online. Registration information is

located on the "Get Registered" screen of www.Grants.gov. Please visit

www.Grants.gov at least 30 days prior to submitting your application to familiarize

yourself with the registration and submission processes. The "one-time" registration

process will take three to five days to complete. However, the Grants.gov registration

process also requires that you register your organization with the Central Contractor

Registry (CCR). The CCR registration can require an additional one to two days to

complete. You are required to maintain a current registration in CCR.

Central Contractor Registration and Universal Identifier Requirements

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal

Numbering System (DUNS) number as the Universal Identifier when applying for

Federal grants or cooperative agreements. The DUNS number is a nine-digit number

assigned by Dun and Bradstreet Information Services. An AOR should be consulted to

determine the appropriate number. If the organization does not have a DUNS number, an

AOR should complete the **US D&B D-U-N-S Number Request Form** or contact Dun

and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A

DUNS number will be provided immediately by telephone at no charge. Note this is an

organizational number. Individual Program Directors/Principal Investigators do not need

to register for a DUNS number.

Additionally, all applicant organizations must register in the Central Contractor Registry

(CCR) and maintain the registration with current information at all times during which it

has an application under consideration for funding by CDC and, if an award is made,

until a final financial report is submitted or the final payment is received, whichever is

later. CCR is the primary registrant database for the Federal government and is the

repository into which an entity must provide information required for the conduct of

business as a recipient. Additional information about registration procedures may be

found at the CCR internet site at **www.ccr.gov**.

If an award is granted, the grantee organization must notify potential sub-recipients that

no organization may receive a subaward under the grant unless the organization has

provided its DUNS number to the grantee organization.

<u>Cost Sharing or Matching</u>

Cost sharing or matching funds are not required for this program.

Other

Special Requirements:

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort

Maintenance of Effort is not required for this program

IV. Application and Submission Information

Address to Request Application Package

Applicants must download the SF424 (R&R) application package associated with this funding opportunity from Grants.gov.   If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348.

If the applicant encounters technical difficulties with Grants.gov, the applicant should

contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24

hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact

Center provides customer service to the applicant community. The extended hours will

provide applicants support around the clock, ensuring the best possible customer service

is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-

518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or

thumb drives of applications will not be accepted.

Content and Form of Application Submission

Parts I, II, and III are intended for grantees currently funded under CDC-RFA-HM08-

8050301SUPP10. Applicants must submit separate proposals for this non-competitive

cost-extension that are consistent with the requirements outlined in each Part for which

the applicant is currently funded.

CDC Assurances and Certifications can be found on the CDC Web site at the following

Internet address: http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm

Letter of Intent (LOI):

A letter of intent is not applicable to this funding opportunity announcement.

This announcement requires submission of the following information:

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A Project Abstract: An abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed Activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

A Work plan: A work plan must be submitted with the application forms. The work plan must be uploaded in a PDF file format when submitting via Grants.gov. The work plan must be submitted in the following format:

- Maximum number of pages: 15. If an applicant's narrative exceeds the page limit, only the first pages that are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Single spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

The work plan must include the following elements:

A. Project Description

B. Project Goals

C. Project Objectives: Measures of effectiveness, capacity building outcomes, products to be developed

D. Description of Activities and Timeline for Implementation

E. Budget and Justification – A separate line item budget and justification must be submitted for each Activity. Applicants are encouraged to follow recommended guidance for completing a detailed justified budget found on the CDC Web site at http://www.cdc.gov/od/pgo/funding/budgetguide.htm.

F. Curriculum Vitas/Resumes for key staff (Principle Investigators and operational leads)

G. Indirect cost rate agreement

Additional information submitted via Grants.gov should be uploaded in a PDF file format, and should be named as indicated above.

No more than 10 attachments should be uploaded per application.

Additional requirements for additional documentation with the application are listed in Section VII. Award Administration Information, subsection entitled "Administrative and National Policy Requirements."

Submission Dates and Times

This announcement is the definitive guide on LOI and application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements.

Letter of Intent (LOI) Deadline Date: Not Applicable

Application Deadline Date: April 19, 2011, 5:00pm Eastern Standard Time.

Intergovernmental Review

Executive Order 12372 does not apply to this program.

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.

- Recipients may not use funds for clinical care.

- Recipients may not use these funds to supplant existing programs and staff.

- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.

- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

- Reimbursement of pre-award costs is not allowed.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:

http://www.cdc.gov/od/pgo/funding/budgetguide.htm.

Other Submission Requirements

Application Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC

Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take <u>as long as two (2) business days</u>. Applicants are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a "validation" email within <u>two (2) business days</u> of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Electronic Submission of Application

Applications must be submitted electronically at www.Grants.gov. Electronic

applications will be considered as having met the deadline if the application has been

successfully made available to CDC for processing from Grants.gov on the deadline date.

The application package can be downloaded from www.Grants.gov. Applicants can

complete the application package off-line, and then upload and submit the application via

the Grants.gov Web site. The applicant must submit all application attachments using a

PDF file format when submitting via Grants.gov. Directions for creating PDF files can

be found on the Grants.gov Web site. Use of file formats other than PDF may result in

the file being unreadable by staff.

Applications submitted through Grants.gov (http://www.grants.gov), are electronically

time/date stamped and assigned a tracking number. The AOR will receive an e-mail

notice of receipt when Grants.gov receives the application. The tracking number serves to

document submission and initiate the electronic validation process before the application

is made available to CDC for processing.

If the applicant encounters technical difficulties with Grants.gov, the applicant should

contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24

hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact

Center provides customer service to the applicant community. The extended hours will

provide applicants support around the clock, ensuring the best possible customer service

is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-

518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to GMO/GMS for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the GMO/GMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

V. Application Review Information

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of CDC-RFA-HM08-8050401PPHF11. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

There are no evaluation criteria for this non-competitive 12-month cost-extension supplement.

Review and Selection Process

Review

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by CDC's Office for State, Tribal, Local and Territorial Support and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet eligibility and/or published submission requirements.

Applications will undergo a structured non-competitive technical review which will consist of a programmatic and budget assessment to ensure that the proposed project is technically sound and the award entity is capable of performing the project. All applicants will be provided a copy of the technical and budget assessment of their applications.

Selection

Not Applicable.

Anticipated Announcement and Award Dates: June 1, 2011

VI. Award Administration Information

Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

Any application awarded in response to this FOA will be subject to the DUNS, CCR Registration and Transparency Act requirements.

Unsuccessful applicants will receive notification of the results of the application review by mail.

<u>Administrative and National Policy Requirements</u>

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

- AR-4 HIV/AIDS Confidentiality Provisions

- AR-5 HIV Program Review Panel Requirements

- AR-6 Patient Care

- AR-7 Executive Order 12372

- AR-8 Public Health System Reporting Requirements

- AR-9 Paperwork Reduction Act Requirements

- AR-10 Smoke-Free Workplace Requirements

- AR-11 Healthy People 2020

- AR-12 Lobbying Restrictions

- AR-13 Prohibition on Use of CDC Funds for Certain Gun Control Activities

- AR-14 Accounting System Requirements

- AR-20 Conference Support

- AR-24 Health Insurance Portability and Accountability Act Requirements

- AR-25 Release and Sharing of Data

- AR-26 National Historic Preservation Act of 1966

- (Public Law 89-665, 80 Stat. 915)

- AR-27 Conference Disclaimer and Use of Logos

- AR-29 Federal Leadership on Reducing Texting While Driving

- Additional information on the requirements can be found on the CDC Web site at
  the following Internet address:

  http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

For more information on the Code of Federal Regulations, see the National Archives and

Records Administration at the following Internet address:

http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

Reporting

Federal Funding Accountability And Transparency Act Of 2006 (FFATA):   Public Law

109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended

(FFATA), requires full disclosure of all entities and organizations receiving Federal funds

including grants, contracts, loans and other assistance and payments through a single

publicly accessible Web site, USASpending.gov. The Web site includes information on

each Federal financial assistance award and contract over $25,000, including such information as:

1. The name of the entity receiving the award

2. The amount of the award

3. Information on the award including transaction type, funding agency, etc.

4. The location of the entity receiving the award

5. A unique identifier of the entity receiving the award; and

6. Names and compensation of highly-compensated officers (as applicable)

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients: 1) information on executive compensation when not already reported through the Central Contractor Registry; and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf

Each funded applicant must provide CDC with an annual Interim Progress Report submitted via www.grants.gov:

1. The interim progress report is due no less than 90 days before the end of the budget period. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:

    a. Standard Form ("SF") 424S Form.

    b. SF-424A Budget Information-Non-Construction Programs.

    c. Budget Narrative.

    d. Indirect Cost Rate Agreement.

    e. Project Narrative.

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

2. Annual progress report, due 90 days after the end of the budget period.

3. The Annual progress report must contain the following elements:

    a. Standard Form ("SF") 424S Form.

    b. SF-424A Budget Information-Non-Construction Programs.

    c. Budget Narrative.

    d. Indirect Cost Rate Agreement.

    e. Project Narrative.

4. Financial Status Report* (SF 269) after the end of the budget period.

5. Final performance and Financial Status Reports*, after the end of the project period.

*Disclaimer: As of February 1, 2011, current Financial Status Report (FSR) requirements will be obsolete. Existing practices will be updated to reflect changes for implementation of the new Federal Financial Reporting (FFR) requirements.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VII below entitled "Agency Contacts".

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

      Samuel Taveras, Project Officer

      Department of Health and Human Services

      Centers for Disease Control and Prevention

      1600 Clifton Road, MS K90

      Telephone: 770 488-1523

      E-mail: SYT2@cdc.gov

For **financial, grants management, or budget assistance**, contact:

      Glynnis Taylor, Grants Management Specialist

      Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS K69

Atlanta, GA 30341

Telephone: 770 488-2752

E-mail: GLD1@cdc.gov

For assistance with **submission difficulties**, contact:

Grants.gov Contact Center Phone: 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For **submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: pgotim@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at:

TTY 1-888-232-6348

VIII. Other Information

For additional information on reporting requirements, visit the CDC website at:

http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

Other CDC funding opportunity announcements can be found at www.grants.gov.